

Nevada State Board of

NURSING NEWS

June 2017

A photograph of a young female nurse in teal scrubs assisting an elderly man with a cane as they walk on a paved path. The man is wearing a teal sweater and dark pants. The nurse is supporting his arm. They are outdoors with trees in the background.

**Building a
Rural Nursing
Workforce in Nevada**
p.6

Official Publication of the Nevada State Board of Nursing



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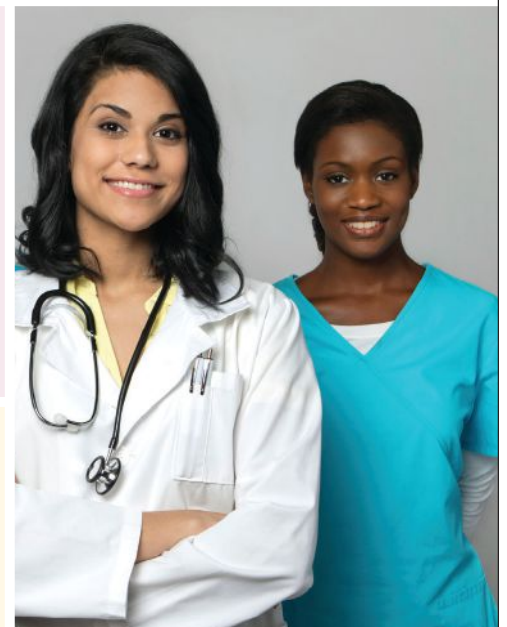
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WORDS

• FROM THE EXECUTIVE DIRECTOR

Cathy Dinauer, MSN, RN

The Nevada State Board of Nursing (NSBN) has been very busy with the 2017 legislative session. Although I had previous experience with the legislature as a chief nurse, this was my first experience as the executive director of a regulatory agency working with legislators, government affairs staff, and constituents was very fulfilling as we are all so passionate about the causes we support.

The enhance Nurse Licensure Compact was introduced in February as Assembly Bill (AB) 18. Unfortunately, the bill did not make it out of committee. The enhance Nurse Licensure Compact has passed in 14 states and the prospects look good for passage in several more states. We will remain optimistic, continue to have discussions with all stakeholders, and reintroduce the enhance Nurse Licensure Compact in 2019.

In other legislative news, AB 474 passed the Assembly and has moved to the Senate. This is the Governor's bill to address the epidemic of drug overdoses in Nevada. The bill would require changes in how Nevada State Board of Nursing reports certain information. The bill would also make changes in the prescribing and reporting practices of Advanced Practice Registered Nurses. The current version of AB 474 would also require APRNs to complete at least two hours of CE relating to the misuse and abuse of

controlled substances, the prescribing of opioids, or addiction.

AB 105 also passed the Assembly and revises continuing education requirements related to suicide prevention and awareness.

Finally, Senate Bill 227, as written, promises to make several changes to the practice of APRNs in Nevada.

We will keep you posted of those bills that have a direct impact on your practice. Please be sure to watch our website at www.nevadanursingboard.org for updates.

In other news, as we approach national Nurses' Day, I am reminded of the great work that nurses do every day regardless of setting. In the words of Khalil Gibran, "Tenderness and kindness are not signs of weakness and despair, but manifestations of strength and resolution." Recently, I attended my annual nursing school alumni association lunch for the graduates of my diploma program. The class of 1967 was being recognized and what an honor to be in their presence. As each classmate spoke about their careers, each spoke of their compassion for the profession and the need to provide care to each and every patient. This may sound like a simple concept but it was a clear reminder to me as why I chose this profession and why I have stayed in it for 37 years. Be kind to one another for these are chaotic times.



MESSAGE

• FROM THE PRESIDENT

Dr. Rhigel 'Jay' Tan, DNP, RN, APRN

Welcome to this edition of the Nevada State Board of Nursing magazine. I hope you enjoy the articles that follow in the next pages. We enjoy receiving articles from the nurses and CNAs in Nevada. By submitting an article for the magazine, you are sharing your experience and expertise with one another. Please consider submitting an article for the next edition.

This month I would like to focus on two important concepts that are central to nursing: patient safety and clinical judgment. The priority of your care should be centered on patient safety. Everything you do from assessments, to interventions, to documentation, should be centered on patient safety. Nurses take an oath to protect patients, and we must live up to this oath every day we are practicing as a member of the health care team. We must remember that patient safety is a fundamental principle of health care that should drive one's practice. It is your responsibility to ensure all patients are safe while under your care. Ways to help your patients feel safe include identifying yourself, defining your role, discussing your scope, relaying your goals, and expressing your interest in learning about where the patient is physically, as well as psychologically. The patient is the center of the health care team, and the patients who are being cared for by you must have trust in the profession and believe that the health care team members will make their safety a priority. As a nurse, or a CNA, or any member of the health care team, you must possess the knowledge, skills, and education to provide physical and psychological safety to all patients at all times.

How do we ensure we are prioritizing patient safety? We do this by using clinical judgment. Clinical judgment is the ability to accurately, effectively and logically assess changes to a patient's status and make decisions about that situation without hesitation. From the first day of nursing school, nursing students are taught how to "think like a nurse." You might have heard this saying time and time again, but it is an essential piece to being a productive, effective, and safe health care team member. When nurses are able to take a variety of information, identify the key pieces, analyze those pieces, and develop a plan, they are placing emphasis on safe, timely, appropriate care. This is the recipe for patient safety. Each nurse develops clinical judgment differently. Nursing education has changed throughout the years in response to changes in the nurses' working environment as well as changes to their expected knowledge base. No longer can nurses solely have the knowledge; they must be able to simultaneously collect and analyze data while implementing interventions and being a productive member of the health care team through the use of effective communication and collaboration. Clinical decisions can be the difference between a patient's life and death. It is up to the health care team, especially nurses, to identify subtle changes, communicate the changes to others, and implement the interventions necessary. This is what clinical judgment looks like. We all need to strive to have the highest level of clinical judgment as possible and this comes with experience and education. We can never stop learning. We always must strive to better ourselves as nurses, and above all else, as humans.

BUILDING A RURAL NURSING WORKFORCE IN NEVADA

By Amber Donnelly, PhD, RN, CNE
Dean Health Science Human Service
Great Basin College

Great Basin College (GBC) has a very diverse population within its 86,000-mile service area with more than 120,000 residents. Approximately 3,500 of them enroll at GBC and its satellite centers located throughout Nevada. This means alternative methods of instructional delivery are necessary and programs need to be innovative and willing to incorporate changes to meet the needs of a rural student population.

In 2014, GBC was awarded a Trade Adjustment Act Community College Career Training (TAACCCT) grant with 2 million dollars towards healthcare education and VA services. This allowed GBC's Associate of Applied Science Nursing program to set up satellite sites and deliver curriculum via Interactive Video (IAV) to Winnemucca and Pahrump, helping to create a workforce that meets the needs of the community.

By delivering the curriculum via IAV to Pahrump and Winnemucca and establishing and continuing relationships with various clinical agencies within those rural communities, we have built a workforce that meets the needs of the communities.

The practice-learning environment included practice lab with a state of the art simulation lab at each location, skilled nursing facilities, acute care hospitals and facilities, and a variety of community learning environments including primary and secondary schools, mental health



facilities, and home health services. Nursing faculty selected clinical practice learning environments that incorporate evidence-based practice (EBP), contemporary practice, and nationally established patient health and safety goals.


Many of the students at GBC are considered non-traditional or they are unable to leave their home to relocate in order to obtain higher education. GBC staff interviewed the first cohorts of nursing students who will graduate May 20, 2017 from the distant education program and here is what they had to say:

“

The program inspired me to be a better person,” “it made achieving my educational goals possible.” “As a foreign student living in a rural community, I was able to not only attend nursing school but establish a relationship with the community. I fell in love with this place.” “The program is a benefit to the community; other students like me will have an opportunity to continue their nursing education.” “It gives hope to others who have family and cannot leave home to obtain their education.” “The program has offered a lot of skills lab, simulation, and many clinical experiences that have lined us up for becoming the best nurses we can be.

”

GBC graduates work in all regions of rural Nevada where the demand for nurses is higher than the supply for rural locations. These additions to the GBC nursing program will increase the health care workforce in rural areas and support health care needs of Nevada’s rural communities.



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CARRINGTON SCHOOL OF NURSING, RENO HOSTS FAMILY ORIENTATION NIGHT

By Laura Young, RN, BSN (*Nursing Graduate Student at GCU*)
Susan Drossulis, RN, MSN, OCN-BC, *faculty, Carrington College, Reno*



Being a nursing student takes dedication, focus, and a lot of time; and sometimes, families don't always understand exactly what their student goes through and what it takes for them to make it through a nursing program successfully. A few of the professors at Carrington School of Nursing in Reno recognized this as a concernable challenge for many of their students. As a collaborative effort, the idea of having a family orientation was born.

On January 6, 2017, Carrington hosted their first Family Orientation gathering for incoming and current students and their families. Families were able to meet the faculty of Carrington, tour both the skills and simulation labs, challenge themselves and take the Medication Administration Proficiency Exam (MAPE) and Mini-Mental Status exam. A student observing her boyfriend take the MAPE exam was excited to have him recognize the different types of knowledge that she needed to possess in order to become a nurse. Additional hands-on activities were set up in the Anatomy/Microbiology lab. Participants were able to try and identify on models a variety of bones and organs. Microscopes were also set up in the lab and slides of microorganisms were available for viewing. Families and friends of the nursing students were able to learn about the

commitment a nursing student must embrace to reach the goal in a short power point presentation. The intensity of the nursing program was explained and helpful information was shared on how support/family systems can help to facilitate the student's success within the Carrington College nursing program.

The event proved to be enlightening to families, as they offered feedback of better understanding and clarification on what the expectations are of their nursing student; and the need to support them through this journey of becoming a registered nurse. One student stated that she wished this program had been offered in the past. A mother of a current student discussed that she was amazed regarding the dedication that it takes to be successful in nursing school.

The end result obtained through feedback of the participants was that the program was a benefit for everyone involved. The overall feedback from families and students has been exceptional, prompting Carrington College Nursing School, Reno to implement this activity for future semesters for the incoming students and their families and friends. Students in the current Spring 2017 semester are already asking when the next orientation will occur.

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CNA CORNER

By Althea Chavez Gevero and Alexis Drevetzi journalism students
at Southwest Career and Technical Academy

In just a few weeks, Kimberly Mallqui will take the exam to become a Certified Nursing Assistant. She has spent four years culminating knowledge about the profession and hours completing clinicals to gather experience in preparation for her exam. But the difference between Mallqui and thousands of other CNAs is that Mallqui is only a senior in high school. Upon graduation, and within months of leaving secondary education, she can already become a full-time CNA.

"I know I want to pursue the medical field, especially nursing, and I know that there's alternatives just in case, but in my heart I know I want to become a nurse," Mallqui said.

Southwest Career and Technical Academy is a magnet high school located in Las Vegas, NV. One of the many programs offered is Nursing Assisting, which Mallqui is enrolled in. The program was recently taken over by Mrs. Sara Hartwich, and within months of starting she has brought the program to a new level. Southwest CTA is now the first high school to become a regional test site for CNA testing and for students to sit for the exam prior to graduation.

"There is a comprehensive list of equipment and supplies our classroom needed to have available in order to be considered as a test site," Hartwich said. "Our sinks needed to have a certain type of

handle, our patient beds needed to be able to do certain functions, we needed to have clocks in certain places on the wall, we needed availability of computers for knowledge tests, and we needed to have specific supplies in order for students to perform all of their CNA skills. Once approved by Mrs. Donna Levy [principal], Headmaster [testing company] visited our classroom and assessed whether it met the Headmaster and Nevada Board of Nursing Standards in becoming a test site. We passed with flying colors."

In addition, students also have the chance to be employed after completing the exam. Southwest CTA has developed a partnership with the community to hire students who take the exam and in exchange will pay for the student's test fee.

"We are currently putting the finishing touches on the partnership with the local community," Hartwich said. "I knew and recognized that not all students had the financial ability to pay \$150 for certification tests. We couldn't make it [the test] mandatory unless we had a plan. We made some phone calls and networked with our community members to assess the possibility of merging a partnership. We had to initially inform the community on what we had to offer and the impact these students would make at their facilities. Once established, we formulated a plan that would entail the healthcare facilities to interview our students and if they were



hired, the facility would pay for their tests. Once the student graduates, they will work for that facility for a minimum of six months."

Hartwich uses strategic methods to prepare her students. Mannequins were utilized to practice their nursing skill competencies, and students videotaped their competencies for immediate evaluation and continuous review. Once confident in their skills, students participated in clinical experiences to apply these skills to patients. During these weekly clinicals at a local nursing home, students were required to keep a journal to write their goals and reflect.

"I really liked the journals because they allowed us to keep track of what our experiences were like as each day went on, and each day we got better," Mallqui said. "Recording videos was also helpful to keep track of the progress we've made, from how nervous we were to do each competency to how comfortable we became."

While many students struggle to find their path after high school, Mallqui feels more than ready for life after graduation. With a guaranteed job and confidence in her skills, Hartwich's CNA program at Southwest CTA has truly prepared Mallqui for the workplace.

"This year is one of my best years in the program," Mallqui said. "I'm thankful for Ms. Hartwich because she's put so much effort into how we learn and preparing us for the next step. Our experiences have been very hands-on and interactive, and we're always reinforcing ideas by practicing. Sometimes I think, 'What if I went to a comprehensive high school?' But I'm really glad I came here--because some of the experiences here I can't get at a comprehensive high school, and vice versa, but it's a good trade off because I'm more prepared for the workplace."

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CORRECTIONAL MEDICINE PROFESSIONALS

THE UNSUNG HEROES

By Holly Crosby, APRN



BANG, BANG, BANG echoes throughout the jail halls. It's a common sound; a sound of an inmate banging his/her fist, foot or head on the door. Expressing his/her displeasure with anything from feeling wrongfully arrested to wanting a shower.

As a Psychiatric Nurse Practitioner, I've had the pleasure of working with so many of our valued colleagues both in the medical and mental health world. Nurse practitioners, RNs, and LPNs have all worked side by side with me. I've spent a decent portion of my career in correctional mental health, and currently work in one of the Las Vegas jails.

During a recent interview, an RN with only correctional experience told me she was passed up for employment at a hospital because the nurse manager wasn't sure if she was qualified. This is not the first time I've heard this. Over my 20-year experience it is very common for correctional nurses to be scrutinized on what exactly a nurse in a correctional facility does. During my conversations with nurse managers I've heard statements such as, "how hard is it to work in a jail"; "you can't possibly be qualified to handle the same emergencies we handle in the hospital"; and "nursing in the jail isn't real nursing". Additionally, I was on a recent trip where my group of fellow travelers were in awe that I worked in a jail and were so enlightened when I recited my job description. So, in the interest of educating the Nevada nurses, as well as non-nurses who might come across this article, and anyone else who's interested in what we do in a jail.... let's begin.

The Clark County Detention Center houses approximately 4,000 inmates at any given time. Caring for those 4,000 inmates are 200+ employees with the majority of them being RN's and LPN's for either medical or mental health. The jail isn't ailment specific; nurses must manage all the illnesses the inmate might suffer. The nurses in booking have to be very skilled in triage assessment in order to determine if the inmate will be able to

handle their impending incarceration.

But don't let that fool you. It doesn't mean nurses turn away the difficult cases. In fact, the nurses are very

adept at handling severe cases such as:

Tuberculosis, Pneumonia, tracheotomy care, dialysis, paraplegic/amputee care, aggressive wound care (our medical observation unit has a Clinitron bed) and the list goes on. There is a tremendous substance use in this city and the amount of detox nurses encounter is extraordinary. The nurses must rely on their accurate assessment using the CIWA/COWS. Further, we treat chronic conditions like Diabetes, uncontrolled Hypertension, Cancer and cardiac conditions. Imagine the challenges our professionals have in educating and treating these illnesses in an environment where commissary items are not readily available, exercise is at a minimum, and collaborating with outside offices for appointments requires cooperation from all personnel.

Once the inmate is processed and is officially residing in jail, the nurses again use their triage skills to determine who gets seen immediately vs. whom might be stable enough to wait for an appointment. Speaking from a provider level, I don't have time to see inmates unnecessarily. For example, the mental health population is approximately 1,000 with two mental health nurses per shift, four nurse practitioners, a Psychiatrist, and three Social Workers. That's a 1:100 ratio.

Lastly, this article wouldn't be complete if I didn't acknowledge the tremendous work of our LPNs, RNs, mid-level practitioners, and physicians who time and time again have responded to codes, not only in our building, but in the court house and who have performed life-saving methods to an average of 600 inmates annually. Rest assured, if you ever have the pleasure of meeting one of our professionals with correctional experience, they are doing us proud and more than qualified to work alongside you.

MEET NEW BOARD STAFF SHERYL GIORDANO



As a board certified family nurse practitioner working with Johns Hopkins Medicine for over 8 years, I am excited to join the Nevada State Board of Nursing in a part-time role as the APRN consultant. In this role, I will be working with APRNs in Nevada and the community on a variety of practice issues. At Johns Hopkins Medicine, I manage the Pepsi Beverages Employee Health & Wellness Center in Las Vegas. The practice emphasis has been in family and occupational medicine. I have also had the opportunity to instruct new nurse practitioners through the University of Nevada Las Vegas as a part-time instructor as well as mentor new nurse practitioners. This has been a very rewarding experience. I am currently certified by the American Association of Nurse Practitioners (AANP) and a proud member of this organization as well as the Nevada Nurses Association. In 2009, received the AANP nurse practitioner recognition award for clinical practice in the State of Nevada and have been recognized with this prestigious award from AANP for 2017-18 as the State of Nevada nurse practitioner advocate. I have been married for over 25 years, have two sons, enjoy cycling and fitness.



Carson Tahoe Continuing Care Hospital is a long term acute care facility with a patient population that requires a stay of 18-35 days – enough time to truly treat complicated injuries, illnesses, or chronic medical conditions. Nurses here work with a collaborative team that includes physicians, CNAs, therapists, and wound care nurses to provide comprehensive, high quality care. In fact, Carson Tahoe Continuing Care Hospital was Nevada's 1st LTACH to be granted a 3-year accreditation by the Center for Improvement in Healthcare Quality.

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GROWTH OF A NEW NURSING SCHOOL CONTINUES...



By Marife C. Aczon-Armstrong, PhD, MSN, MSCP, RN-BC,
Core Nursing Program Director

Dr. Patricia Alpert, Founding Dean of AZC LV SON proudly declare our school to be "the best school of nursing in the valley in three years."

COHORT 1 STUDENTS started the nursing journey last Fall 2016 providing Health Promotion at various areas of the Las Vegas Valley from Refuge Church/ Safely Home to Sun City Summerlin Community Center to the population at the African Community Center where they learned the difference between refugees and immigrants. In addition, all five students passed the Comprehensive Physical Assessment Exam, moved on to complete Semester 6 and currently attending Semester 7.



Cohort 1: Pamela Guerra, Anthony Thomas, Marleny Montoya, Alma Dedushi, and Aynur Kabota

COHORT 2 STUDENTS (8 core nursing students) completed the first semester of nursing journey this past Spring 2017 with a different experience expanding from African Community Center to St. Rose Pediatrics Clinic in Henderson where they provided Health Promotion

(Hand Hygiene, Oral Hygiene, Nutrition using MyPlate and Safety). The students were fortunate to have Ms. Natalie Mason as the Health Promotion Core Nursing Faculty this Spring. Ms. Mason opened up students experience to work with low income and homeless population at Operation H.O.P.E. Medical Clinic in partnership with Dr. Elliot Shin, one of the amazing dream team members of medical doctor volunteers. HOPE stands for Helping Other People Everywhere. Our students went everywhere at Operation HOPE providing health assessments at the clinic and volunteering at the Feed the Hungry Project. In addition, the students went to Aid for Aids of Nevada (AFAN) to learn HIV 101 from Mr. Andrew Evanski, MPH, Education Supervisor at AFAN. Students learned about the HIV disease process and the community resources available to this patient population.



Cohort 2: Madonna Bigsby, Yasmin Guzman, Janet Grigoryan, Candy Itwaru, Ashley Childers, Crystal Gomez, Hazel Badua,

COHORT 3 STUDENTS started their nursing journey this summer 2017, all 26 of them! This summer semester we have new faculty joining our incredible Core Nursing Faculty Team: Dr. Diane Thomason, Dr. Ansy John, Ms. Jennifer Rivera, Ms. Atheni Sevilla and Ms. Jeanette Rosenberg. Our current faculty, Dr. Daniel Navarro, Ms. Shannon Scott and Ms. Sherri Lindsey are excited to see our team grow and work together with a common goal—to produce compassionate, caring, competent future professional nurse leaders.



Cohort 3: Kayneisha Allen, Laura Arellano, Amanda Berumen, Nethania Bridgewater, Kimberly Butler, Pauline Calderon, Chastity DeHaro, Adilene Favela, Dionneshele Fears, Barbara Garcia, Jonathan Howard, Rebecca Isselin, Dulce Lopez, Katelynn McClain, Savalla McLeod, Ricardo Mederos, Princess Milton, Jamie Mulligan, Mikyla Murphy, Veronica Navarro, Erika Quiray, JoeyAnn Ramos, Paula Rhodes-Wallace, Destane Smith, Jozet Tayson, and

ARIZONA COLLEGE LAS VEGAS STUDENT NURSES ASSOCIATION (AZC-LV-SNA) was formed in November 2016 led by President Stevie Brown. We participated at the recent 65th Annual National Student Nurses Association (NSNA) Convention at Hilton Anatole, Dallas, TX (April 2017). SNA Chapter



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COMPETENCY FOR NURSE PRACTITIONERS

A REVIEW OF THE STANDARDS IN NURSE PRACTITIONER EDUCATION

By Susan S. VanBeuge, DNP, APRN, FNP- BC, CNE, FAANP



Competence is a noun defined as “the ability to do something successfully or efficiently.” It is often synonymous with the words capability, ability, proficiency, accomplishment, expertise, skill, prowess, talent and mastery (Merriam-Webster, 2017).¹

Nurse practitioner (NP) competencies are well defined in educational preparation in the various roles. The National Organization of Nurse Practitioner Faculties (NONPF) has identified core competencies for all NPs. These represent entry to practice competencies all NPs must have upon graduation from any program. The core competencies are updated, reviewed, and adopted by NP programs at regular intervals, with the most recent in 2012. Ongoing review and updates are ongoing and are reflected in the various population focused NP competencies (NONPF, 2017).²

For example, competencies are population focused in several areas: Family/across the Lifespan, Neonatal, Acute Care Pediatric, Primary Care Pediatric, Psychiatric-Mental Health, and Women’s Health/Gender Related. In 2013, a NONPF task force completed and released competencies for the six areas noted. They reflect and compliment the focus of the Consensus Model for APRN Regulation (NCSBN, 2008).³

When assessing NP competency from the educational perspective, this foundation is based on 9 competency areas and specific core competencies. These general outlines provide the basis for NP entry level knowledge and skills to practice upon graduation. Competencies are focused on the NPs in master’s level programs and DNP programs. While the practice core for the population-

focused competencies are the same, there are additional entry level requirements for the DNP prepared NP entering practice.

There are nine core competencies regardless of the population focus:

1. Scientific Foundation Competencies
2. Leadership Competencies
3. Quality Competencies
4. Practice Inquiry Competencies
5. Technology and Information Literacy Competencies
6. Policy Competencies
7. Health Delivery System Competencies
8. Ethics Competencies
9. Independent Practice Competencies

These core competencies are essential to all NPs, regardless of the role they practice. Core competencies are gained through didactic education, and mentored patient care experiences with oversight by experienced NP faculty.

Upon graduation, the NP has the preparation and skill set as an entry level practitioner to provide independent care to the full extent of their education and licensure. NPs will continue to grow in their practice knowledge, competencies, experience through continuing education, practice, consultation, collaboration with other professionals, and development of their ongoing knowledge through evidence-based, interprofessional practice.

References:

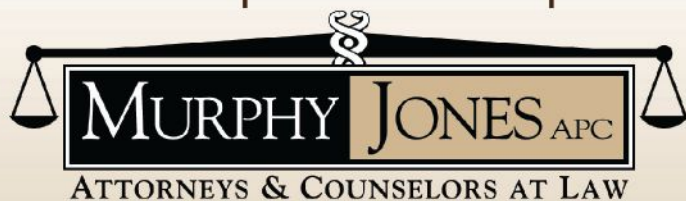
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2. National Organization for Nurse Practitioner Faculties, 2017. Competencies for Nurse Practitioners. Downloaded from: <http://www.nonpf.org/?page=14>
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“

*These core competencies
are essential to all NPs,
regardless of the role
they practice.*

”

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2017 U.S. NEWS BEST ONLINE PROGRAMS RANKINGS

By Dr. Carolyn Yucha, RN, PhD, FAAN, *Dean, School of Nursing and Allied Health, University of Nevada, Las Vegas*

Each January, the faculty in the UNLV School of Nursing eagerly awaits the release of U.S. News and World Report's rankings for the best online programs offering master's degrees in nursing. This year the rankings were released on January 10 and can be viewed at <http://www.usnews.com/education/online-education/nursing/rankings>

As a school, we are proud to report our MS in Nursing Program has been ranked well within the top 15 percent of programs for the past four years, along with such well-respected universities as University of Kansas, Indiana University-Purdue University, and Stony Brook University. And, no other programs in the west -- including those in California, Washington, Oregon, Arizona or Utah -- outranked us. Of course, we fully recognize that there are campus-based programs in these states that are excellent.

U.S. News defines a distance education program as "a program for which all the required nonclinical coursework for program completion is able to be completed via distance education courses that incorporate internet-based learning technologies. Distance education courses are courses that deliver instruction to students who are separated from the instructor and support regular and substantive interaction between the students and the instructor synchronously or asynchronously. Note: Requirements for coming to campus for orientation, testing or academic support services do not exclude a program from being classified as an online master's in nursing degree program."

There is extensive work that goes on behind the scenes to create these rankings. Details of this as well as statistical manipulations used to arrive at ranks can be viewed at <http://www.usnews.com/education/online-education/articles/nursing-methodology>

Five categories are used in these rankings.

1. Faculty credentials and training (25%)

The majority of our faculty are doctorally-prepared and NLN Certified Nurse Educators. UNLV offers training and support for faculty to teach distance learners.

2. Student engagement (20%)

Our programs start with a three-day on campus orientation that enables students to get to know the faculty and one another. Courses are designed to be interactive and engaging, and staff are responsive to students' educational and technological needs. We incorporate principles

of Quality Matters (<https://www.qualitymatters.org/>) into our courses.

Quality Matters include eight standards:

- Course Overview and Introduction
- Learning Objectives
- Assessment and Measurement
- Instructional Materials
- Course Activities and Learner Interaction
- Course Technology
- Learner Support
- Accessibility and Usability

3. Admissions Selectivity (20%).

Historically we receive applications from approximately three times as many students as we can accept during any one year. Our application process is rigorous and considers GPA, reference letters, and work experience.

4. Peer reputation (20%)

UNLV School of Nursing has an excellent reputation among nursing education administrators at online programs, primarily because our faculty publish extensively and are involved and actively engaged in numerous professional associations.

5. Student services and technology (15%)

Diverse and engaging teaching strategies are used in our classes and students receive assistance with technology and financial aid. Our programs are cost-effective and students have access to support services offered by UNLV.

A program's score for each ranking indicator is calculated using data that the program reports to U.S. News in a statistical survey. Programs whose overall scores are in the bottom 25 percent are categorized as Rank Not Published (RNP). For the 2017 rankings, four schools were designated as unranked because they reported having fewer than 10 students or because their programs were less than a year old at the time of data collection.

Given our outstanding national rankings, our excellent faculty and support staff, and our relatively low cost and high graduation rate, we encourage you to consider UNLV if you are thinking about furthering your nursing education.



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The information printed in this material is accurate as of June 2017. For the most up-to-date information about admission requirements, tuition, scholarships and more, visit gcu.edu. For more information about our graduation rates, the median debt of students who complete the program, and other important information, please visit our website at gcu.edu/disclosures. Please note, not all GCU programs are available in all states and in all learning modalities. Program availability is contingent on student enrollment. The baccalaureate degree in nursing, master's degree in nursing and Doctor of Nursing Practice at GCU are accredited by the Commission on Collegiate Nursing Education (<http://www.aacn.nche.edu/ccne-accreditation>). GCU's College of Nursing and Health Care Professions is also approved by the Arizona State Board of Nursing. Grand Canyon University is regionally accredited by the Higher Learning Commission (800-621-7440; <http://hlcommission.org/>). GCU, while reserving its lawful rights in light of its Christian mission, is committed to maintaining an academic environment that is free from unlawful discrimination. Further detail on GCU's Non-Discrimination policies can be found at gcu.edu/titleIX. © 2017 Grand Canyon University 17CONE0115

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BOARD MEMBERS

BOARD TALK

BOARD MEETINGS

A seven-member board appointed by the governor, the Nevada State Board of Nursing consists of four registered nurses, one practical nurse, one certified nursing assistant and one consumer member. Its meetings are open to the public; agendas are posted on the Board's website and at community sites.

• COME TALK TO THE BOARD

During each regularly scheduled meeting of the Nevada State Board of Nursing, Board members hold a Public Comment period for people to talk to them on nursing-related issues.

If you want to speak during the Public Comment period, just check the meeting agenda for the date and time it will be held. Usually, the Board president opens and closes each day of each meeting by inviting Public Comment. Time is divided equally among those who wish to speak.

For more detailed information regarding the Public Comment period, please call the Board.

• WE'LL COME TALK TO YOU

Board staff will come speak to your organization on a range of nursing-related topics, including nursing education, continuing education, delegation, the impaired nurse, licensure and discipline processes, and the Nurse Practice Act.

BOARD MEETING DATES

July 25-27, 2017	Zephyr Cove
September 20-22, 2017	Las Vegas
November 15-17, 2017	Reno
January 10-12, 2018	Las Vegas
March 21-23, 2018	Reno
May 16-18, 2018	Las Vegas

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ADVISORY COMMITTEES

The Nevada State Board of Nursing is advised by and appoints members to five standing advisory committees. Committee meetings are open to the public; agendas are posted on the Board's website and at community sites. If you are interested in applying for a committee appointment to fill an upcoming opening, please visit the Board's website or call the Board office for an application.

MEETINGS AND OPENINGS

The openings (listed in parentheses) will occur in the next six months. All meetings will be held via videoconference in Reno and Las Vegas.

Advanced Practice Registered Nurse Advisory Committee (none)

August 1, 2017
November 7, 2017
February 20, 2018
May 8, 2018
August 7, 2018
November 13, 2018

Certified Nursing Assistant Advisory/ Medication Aide-Certified Committee (three)*

August 3, 2017
October 5, 2017
February 1, 2018
April 5, 2018
August 2, 2018
October 4, 2018

*One MA-C, one LPN, one Acute Care RN

Disability Advisory Committee (none)

October 20, 2017
April 27, 2018
October 19, 2018

Education Advisory Committee (none)

August 4, 2017
October 6, 2017
January 26, 2018
April 13, 2018
August 3, 2018
October 5, 2018

Nursing Practice Advisory Committee (none)

August 22, 2017
October 10, 2017
December 5, 2017
February 6, 2018
April 10, 2018
June 5, 2018
August 21, 2018
October 9, 2018
December 4, 2018

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DETERMINING YOUR SCOPE OF PRACTICE



By Janelle B. Willis, MSN, RN, FNP, CNE

If you have been looking at Nevada State Board of Nursing's (NSBN) website for a specific "can" or "cannot" list in regards to scope of practice, you probably haven't found it.

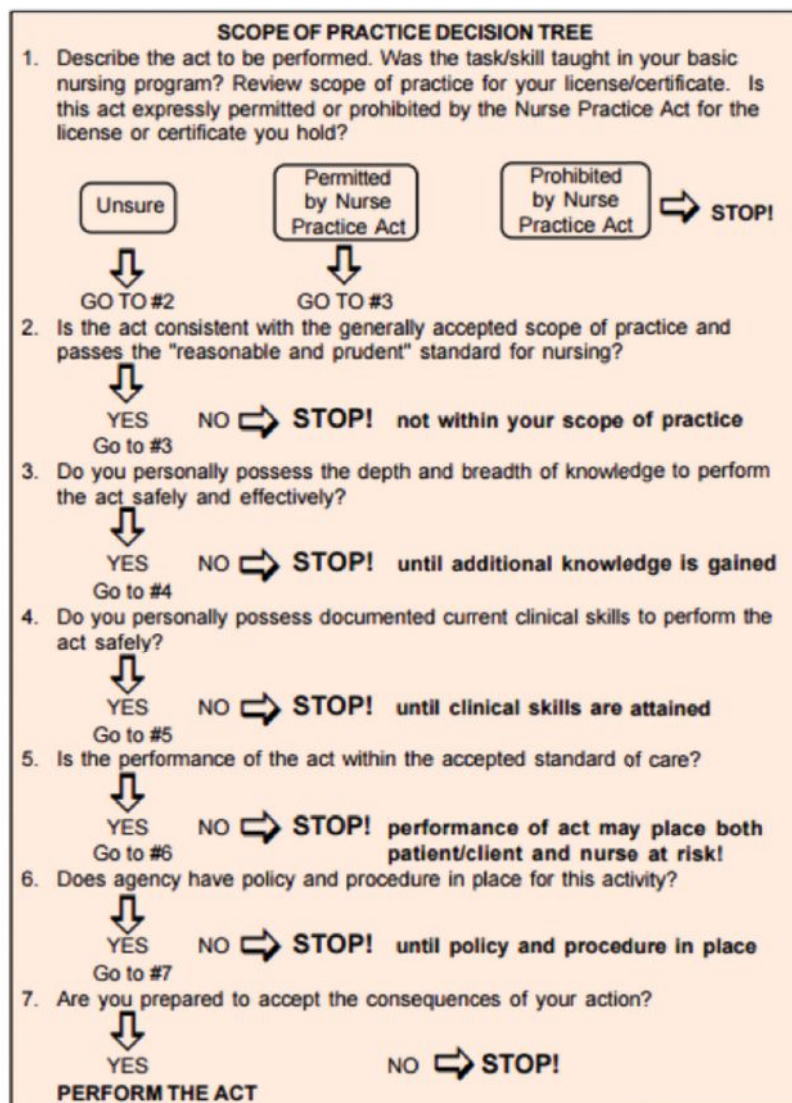
NSBN tries to empower Nevada nurses to develop their own scope of practice. The regulations are not meant to dictate how individual nurses should carry out their practice. These decisions are made by individual chief nurses and individual facilities. NSBN have provided guidelines and algorithms to help direct safe nursing practice in Nevada.

While the Nevada Nurse Practice Act is an essential document to have and understand, equally important are your organization's policies and procedures. Policies and procedures are developed in part, by an organization's chief nurse. These can clearly outline what can and cannot be done.

Still, not everything is dictated by policies and procedures. Inevitably, a nurse, will wonder if something is within his or her scope of practice. The Scope of Practice Decision Tree, is an algorithm created by the NSBN to help guide the nurse's decision. It is set up so that a nurse, at any level, can ascertain if something is within his or her scope of practice.

An issue the NSBN has seen recently is that of delegation. As more responsibilities are assigned to nursing, nurses can look for ways to lighten their load. It is important that nurses understand how to delegate appropriately and what a nurse's responsibility is in delegation. It is especially important when delegating to those with different nursing titles. As specified in the Nevada Revised Statutes (NRS 632) and the Nevada Administrative Code (NAC 632), it is not within the scope of practice of Licensed Practical Nurses (LPN) or Nursing Assistants (NA) to delegate and supervise nursing duties. Registered Nurses (RN) should be aware of organizational rules and regulations, as well as, consider complexity of care, facility policies and educational preparation when delegating or assigning care. Ultimately, the registered nurse delegating the task remains responsible for the acts delegated or assigned.

Lastly, nurses need to make sure to know their individual scope of practice and not feel pressured into taking on tasks that are outside their scope or that they are not comfortable performing. These respectful, critical conversations need to occur to provide the quality of care necessary in today's healthcare. When we do this we advocate not only for ourselves, but for the patients we care for also.



<http://nevadanursingboard.org/wp-content/uploads/2011/10/Scope-of-practice-decision-tree.pdf>

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